



LANGUAGE ACCESS PUBLIC COMPLAINT FORM

COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT
CONSTITUTE THE FILING OF A LANGUAGE ACCESS COMPLAINT.

Required Fields*

1. COMPLAINANT INFORMATION

*Today's Date: (M/DD/YYYY)

*Name:

*Address:

*City/State/Zip:

*Primary Phone Number (NNN) NNN-NNNN:

*Sex:

M F

Email address:

*What language do you prefer to communicate in?

*Contact person if you can not be reached:

Contact Person's Email Address

*Contact Person's Primary Phone Number (NNN) NNN-NNNN:

Do you require a reasonable accommodation? If so, please explain:

Yes No

Do you require language interpretation? If so, please explain:

Yes No

2. RESPONDENT INFORMATION

Name of the D.C. agency complained of:

Phone (NNN) NNN-NNNN:

Location of agency:

If complaint is against an organization funded by the DC government, please list the name contact information for the organization here

3. COMPLAINT

*Date of incident (MM/DD/YYYY):

*Nature of Complaint:

Lack of assistance by agency staff in your language

Lack of translated materials

Other (If other please describe:)

*Did you alert agency staff of your language preference? Yes No

If yes, how?

*Please describe in detail the nature of the problem with the agency/department/organization named above:

Please provide the name of the individual and/or organization that assisted you in completing this form (if applicable):

Contact Person/Position:

Daytime Phone Number (NNN) NNN-NNNN:

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature

*Date